



Shrewsbury Children's Center



Dear Physician: _____ is enrolled in an early
 (Child's Name)
 childhood program which is licensed by the Office of Child Care Services. The Office of Child Care Services regulations require that the Medical History and Immunization Form be completed and signed by the child's physician or source of health care. A prompt response is appreciated.

Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.

IDENTIFICATION

Name of Child: _____ Date of Birth: _____

Address: _____ Phone #: _____

Name of Parent(s): _____

Address: _____

Date of Examination of Child: _____

What is your opinion concerning the child's general health and appearance:

Has this child been screened for lead poisoning: Yes _____ No _____

If yes, date screened: _____

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special consideration or care by the day care provider: If so, please detail below:

Physician's Signature: _____

Date: _____ Comments: _____

Please return to:

Shrewsbury Children's Center
 138 No. Quinsigamond Ave.
 Shrewsbury, MA 01545
 Fax# 508-755-4245